

# **SOUTH-WEST LONDON AND SURREY EXECUTIVE COUNCIL**

(NATIONAL HEALTH SERVICE)

**YEAR 1965-1966**



## **ANNUAL REPORT**

**on the Services administered by the South-West London and**

**Surrey Executive Council,**

**under the National Health Service Acts**

**and the**

**Accounts and Financial Statements**

**for the**

**YEAR ENDED 31st MARCH, 1966**

**E. W. GEAREY**

Chairman of the Council

**H. V. WIGGETT**

Clerk of the Council

**187 EWELL ROAD**

**SURBITON**

**SURREY**

Tel. ELMBRIDGE 5722 (Four lines)

**JUNE, 1966**





F O R E W O R D

by

THE CHAIRMAN OF THE COUNCIL



It is my privilege and pleasure to present the first Annual Report on the services administered by the Executive Council for South-West London and Surrey and the accounts and financial statements for the year ended 31st March, 1966.

On 1st April, 1965, the Council became responsible for the administration of the services provided under Part IV of the National Health Service Act, 1946, in the areas formerly administered by the Croydon and Surrey Executive Councils and part of the area formerly administered by the Middlesex Executive Council, and in addition to the normal day-to-day functions of an Executive Council, we were called upon to deal with the many problems which arose from the transfer of staff, records and equipment and the re-organisation of the whole of the administrative arrangements for the new area.

I should therefore like to take this opportunity to pay a special tribute to the Vice-Chairman and members of the Council and the Chairmen and members of Committees for the support and assistance they have given to me during my first year of office, particularly in dealing with the many detailed matters which called for attention during the initial and transitional stages following the constitution of the new Council. I should also like to record my appreciation of the valuable help which the Council has received from the officers and members of the local professional committees, without whose advice and co-operation the task of the Council would be exceedingly difficult. Thanks are also due to the members of the staff for the loyal and efficient manner in which they have carried out their duties, often under considerable difficulties.

This report contains statistical and other information which indicates to some extent the volume and variety of the matters which have received attention. It has not been possible to include comparative figures in respect of previous years because no separate records are available for those parts of the area formerly in Middlesex which were transferred to this Council on 1st April, 1965, in addition to the areas of the former Surrey and Croydon Executive Councils.

The period under review has been an active one, especially for those Councils in Greater London who were involved in the changes brought about by the re-organisation of the local government services in that area, and the current year seems likely to produce many additional responsibilities for Executive Councils. The Minister is engaged in negotiations and discussions concerning the doctors' contract, improvements in the arrangements for the general dental services, and the arrangements which will be necessary to establish the supplementary ophthalmic services on a permanent basis, and he has stated that some of the resultant changes will have a profound effect on the work of Executive Councils and will increase both their responsibilities and their opportunities to influence the development of the service.

I am sure that we, in common with our colleagues in other areas, are ready and willing to meet the challenge of new tasks and will welcome every opportunity to do all we can to improve and strengthen the family practitioner services.

E. W. GEAREY

CHAIRMAN

June 1966





## EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

YEAR 1965 - 1966

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EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

National Health Service

Membership of the Council as at 31st March, 1966

CHAIRMAN

Mr. E.W. Gearey

VICE-CHAIRMAN

Dr. D.F. Kanaar

APPOINTED BY  
MINISTER OF HEALTH

1967 Mr. W.A. Bishop  
1967 Mr. A. Burgess  
1968 Mr. R.O. Jenkins, T.D.  
\*1966 Mr. C.S. Petheram, C.B.E., M.C.  
1968 Mr. W.J. Rose  
1966 Mrs. A. Woodgate, J.P.

APPOINTED BY  
LOCAL DENTAL COMMITTEE

1967 Mr. L.K. Caygill  
1968 Mr. E.W. Gearey  
\*1966 Mr. B.A. Oliver  
\*1966 Mr. S.F. Wright

APPOINTED BY  
THE LONDON BOROUGH OF CROYDON

1968 Mrs. B. Saunders  
1967 Dr. S.L. Wright

APPOINTED BY  
THE LONDON BOROUGH OF MERTON

1968 Miss N.K. Watts

APPOINTED BY  
THE LONDON BOROUGH OF SUTTON

\*1966 Mr. G.F. Everitt, J.P.

APPOINTED BY  
LOCAL MEDICAL COMMITTEE

\*1966 Dr. J.C. Cameron  
\*1966 Dr. J.D. Finnegan  
1967 Dr. R.C.R. Gethen  
1967 Dr. R.V. Goodliffe  
\*1966 Dr. D.F. Kanaar  
1968 Dr. J.H. Lankester  
1967 Dr. C.R. Nunan  
1968 Dr. C.P. Wallace  
1968 Dr. T.G.E. White

APPOINTED BY  
LOCAL PHARMACEUTICAL COMMITTEE

1967 Mr. E. Neville Browne  
\*1966 Mr. T. Reid  
1968 Mr. F.C. Wilson

APPOINTED BY  
THE ROYAL BOROUGH OF KINGSTON-UPON-THAMES

1966 (Vacancy)

APPOINTED BY  
THE LONDON BOROUGH OF RICHMOND-UPON-THAMES

1967 Mr. F.D. Gilday-Fox

APPOINTED BY  
THE COUNTY COUNCIL OF SURREY

1968 Mrs. K.C.S. Garrett  
1967 Mrs. G.M. Gates  
\*1966 Mrs. B.E. Redding, O.B.E.  
1968 Col. B. Stuart Horner, O.B.E.  
1967 Mr. P. Rosie, M.B.E.

NOTE: The year shown against each member's name indicates the expiration of term of office at the 31st March of that year.

\*Reappointed for a further term of office.

Principal Officers of the Council

CLERK OF THE COUNCIL	- Mr. H.V. Wiggett
DEPUTY CLERK	- Mr. L.W. Richards
FINANCE OFFICER	- Mr. S.R. Geeson
REGISTRAR	- Mr. G.O. Smith

REPORT OF THE CLERK OF THE COUNCIL  
FOR THE YEAR ENDED 31ST MARCH, 1966

PART I

EXECUTIVE COUNCIL AND COMMITTEES

1. Constitution of the Council

The Council was constituted in accordance with the provisions of the London Government (Executive Councils) Order, 1964, made by the Minister of Health in exercise of his powers under Section 84(1) of the London Government Act, 1963. The Order, which was made on 6th November, 1964, and came into operation on 16th November, 1964, provided for the re-organisation of National Health Service Executive Councils following the re-organisation of the Local Government Authorities and areas in Greater London, and Article 3 of the Order included provision for the dissolution of the Croydon and Surrey Executive Councils as from 1st April, 1965, and the constitution of a new Executive Council for South-West London and Surrey, comprising the London Boroughs of Croydon, Kingston-upon-Thames, Merton, Richmond-upon-Thames and Sutton, and the new administrative County of Surrey, including areas formerly in Middlesex.

2. Membership of the Council and Committees

The Council consists of 33 members appointed initially as follows:-

<u>Appointing authorities</u>	<u>Number of members appointed:-</u>	<u>For one year</u>	<u>For two years</u>	<u>For three year</u>
<b>SOUTH-WEST LONDON AND SURREY</b>				
The Council of the London Borough of Croydon	2	-	1	1
The Council of the Royal Borough of Kingston-upon-Thames	1	1	-	-
The Council of the London Borough of Merton	1	-	-	1
The Council of the London Borough of Richmond-upon-Thames	1	-	1	-
The Council of the London Borough of Sutton	1	1	-	-
The County Council of Surrey	5	1	2	2
The Minister	6	2	2	2
The Local Medical Committee	9	3	3	3
The Local Dental Committee	4	2	1	1
The Local Pharmaceutical Committee	3	1	1	1
	<u>33</u>	<u>11</u>	<u>11</u>	<u>11</u>

The Medical Officers of Health of the Local Health Authorities in the Council's area accepted invitations to attend meetings of the Executive Council.

The first meeting of the newly constituted Council was held on 9th December, 1964, when Mr. E.W. Gearey was appointed Chairman and Dr. D.F. Kanaar was appointed Vice-Chairman, to hold office until 31st March, 1966.

Dr. P. Westcombe, a member appointed by the London Borough of Sutton, and Mr. P.J. Robson, a member appointed by the County Council of Surrey, resigned their membership during the course of the year because of other commitments and were succeeded by Mr. G.F. Everitt, J.P., and Col. B. Stuart Horner, O.B.E. The Council have placed on record their appreciation of the services rendered by Dr. Westcombe and Mr. Robson.



Mrs. A. Woodgate, J.P., a member appointed by the Minister of Health, resigned from membership of the Council on 31st March, 1966, after a period of service extending over 18 years. The Council have paid tribute to Mrs. Woodgate's outstanding record of service to Executive Councils since the inception of the National Health Service, and have expressed to her their sincere thanks and best wishes for the future.

The Council have also extended their congratulations to Mrs. B.E. Redding on her appointment in January 1966 as an Officer of the Most Excellent Order of the British Empire, and to Dr. S.L. Wright, Medical Officer of Health for the London Borough of Croydon, on his appointment as an Honorary Physician to Her Majesty the Queen for a term of three years from 1st November, 1965.

### 3. Obituary

In March, 1966, the Council suffered a great loss by the death of Dr. S.E.F. Gooding, J.P., a member appointed by the Royal Borough of Kingston-upon-Thames. Dr. Gooding, who became a member of the Council in November 1964 and served as a member of the Pharmaceutical Service Committee was, at the time of his death, Mayor-Elect for the Royal Borough of Kingston-upon-Thames.

### 4. Meetings

The number of meetings of the Council and Committees held during the period December 1964 to 31st March, 1966, was as follows:-

	<u>Number of Meetings</u>			
Executive Council.				11
<u>Committees:-</u>				
Allocation	...	...	...	1
Dental Service	...	...	...	8
Dispensing	...	...	...	-
Establishment	...	...	...	5
Finance & General Purposes	...	...	...	4
General Services	...	...	...	11
Hours of Service	...	...	...	1
Joint Consultative	...	...	...	1
Joint Liaison	...	...	...	13
Medical Service	...	...	...	3
Ophthalmic Investigation	...	...	...	-
Ophthalmic Services	...	...	...	4
Pharmaceutical Service	...	...	...	3
				<hr/>
				65
				<hr/>

### 5. Constitution of Committees

The Establishment, Finance and General Purposes, and General Services Committees consist entirely of members of the Council. The Joint Liaison Committee consists of three persons appointed by the Council and three medical practitioners appointed by the Local Medical Committee, with an equal number of deputies. The Joint Consultative Committee consists of four members appointed by the Council to include both members of the Council and the principal officers, and four members of the staff who are members of a nationally recognized negotiating body. The membership of the remaining Committees consists of members of the Council and those appointed by the appropriate professional bodies.

## PART II

### GENERAL MEDICAL SERVICES

#### 1. Medical List

At the 31st March, 1966, the names of 1344 medical practitioners were included in the Council's Medical List for the provision of general medical services. Of this number the names of 823 were included in the obstetric part of the list. One practitioner was providing maternity medical services only, and 50 had restricted their lists to the residents and/or resident staff of certain schools, hospitals and other institutions. There were 48 medical practitioners acting as assistants and 8 trainee practitioners. During the year the Local Obstetric Committee approved the obstetric experience of 42 principal practitioners, 5 assistant practitioners and one locum tenens.

The names of 202 practitioners were added to the Medical List during the year. There were 66 withdrawals due to retirement and for other reasons, and 17 practitioners died.

Of the 1344 medical practitioners whose names were included in the Medical List at 31st March, 1966, 456 were resident in the areas of adjacent Executive Councils.

#### 2. Classification of Areas

The National Health Service (General Medical and Pharmaceutical Services) Regulations, require the Council once in every year or at such more frequent intervals as the Medical Practices Committee may require, to furnish the Committee with information to enable them to judge the adequacy of the medical service in the area of the Council. After discussions with the Executive Councils' Association (England) and the Association of Welsh Executive Councils, the Committee agreed in September 1955 only to ask for a full report on each Council area once in three years, subject to the right to call for a special report at any time if necessary. Quarterly returns of local changes are submitted to the Medical Practices Committee. The present classification of the Council's area is as follows:-

##### DESIGNATED

Frimley and Camberley U.D.  
Staines U.D.

##### OPEN

Banstead U.D.  
Barnes  
Beddington and Wallington  
Caterham and Warlingham U.D.  
Carshalton  
Chertsey U.D.  
Coulsdon and Purley  
Croydon (1) Northern Croydon (2) Addington & New Addington  
(3) Southern Croydon (Excluding Addiscombe Ward)  
Dorking and Horley R.D.  
Egham U.D.  
Epsom and Ewell Borough  
Esher U.D.  
Farnham U.D.  
Guildford R.D.  
Kingston upon Thames  
Leatherhead U.D.  
Malden and Coombe  
Merton and Morden  
Mitcham  
Reigate Borough  
Sunbury  
Surbiton  
Sutton and Cheam  
Twickenham  
Walton and Weybridge U.D.  
Wimbledon  
Woking U.D.  
Worcester Park Postal Area



INTERMEDIATE

Bagshot R.D.  
Godstone R.D.  
Guildford Borough  
Hambleton R.D.  
Richmond  
Addiscombe Ward Southern Croydon

RESTRICTED

Dorking U.D.  
Godalming Borough  
Haslemere U.D.

In July 1964 the Medical Practices Committee, after consultation with representatives of the British Medical Association and the Executive Councils' Association, decided that certain revised criteria for the classification of practice areas should be introduced.

The following is an outline of the criteria involved in the four classification grades:-

- (i) Designated Areas where an Initial Practice Allowance is available for new entrants into independent practice who are eligible to receive such payments.

Standards: Where the average list of patients per doctor is over 2,500 and the overspill may be sufficient to enable a doctor to develop a new practice or, if below this figure, where there are other considerations such as excessive outside commitments or new building which may have the same effect.

- (ii) Open Areas

Standards: Generally where lists average between 2,100 and 2,500. All applicants to enter practice in areas classified as Designated or Open may be assured that admission to the Medical List will be automatic on completion of their applications and that they may go ahead with all arrangements in anticipation of this.

- (iii) Intermediate Areas

Standards: Where lists average between 1,800 and 2,100 generally and where other commitments such as mileage, dispensing, etc., would not warrant the classification of Open.

Applicants to go on the Medical List to practise in such areas must be clearly warned that admission should not be taken for granted. It will depend on all the circumstances in the area at the time the application is considered and application may well result in a decision that the number of doctors is already adequate and, in the absence of any special considerations personal to the doctors or the area concerned, result therefore in refusal (subject of course to the statutory right of appeal).

- (iv) Restricted Areas

Standards: Where the Committee has already decided that the number of doctors on the Medical List is adequate and where, in the absence of any special considerations which might cause the Committee to allow the application or the Minister on appeal to make an order having that effect, applications will normally meet refusal (again subject of course to the statutory right of appeal).

3. Medical Practitioner Vacancies

On the withdrawal or removal of the name of a medical practitioner from the Medical List, the Council is required to inform the Medical Practices Committee and to furnish them with a report as to the need for filling the vacancy. The withdrawals from the Medical List during the past year have been dealt with in the following manner:-

Small lists - vacancies not declared	....	....	40
Partner(s) regarded as successor	....	....	39
Vacancies declared	....	....	4
<u>TOTAL:</u>			<u>83</u>

During the year 1965-66 the Council announced 4 vacancies in the Medical Press, and a note of the number of applications received is set out in the following schedule:-

<u>Vacancy No.</u>	<u>Reason for Vacancy</u>	<u>Approximate number of patients</u>	<u>Number of applications</u>
71	Resignation	1612	8
72	"	1525	8
73	"	1682	6
74	"	2510	10

In all cases the applicants recommended by the Council were appointed to the vacancies. In one case appeals were made by two unsuccessful applicants but these were dismissed by the Minister of Health without an oral hearing.

4. Distribution of Patients

The following table shows the distribution of patients on the lists of doctors in the Council's area:-

<u>No. of doctors with:</u>				
Up	to	50	patients	297
51	to	100	"	64
101	to	500	"	160
501	to	750	"	51
751	to	1000	"	47
1001	to	1500	"	96
1501	to	2000	"	98
2001	to	2500	"	146
2501	to	3000	"	152
3001	to	3500	"	112
3501	to	4000	"	84
Over		4000	"	37
				1344



## 5. Permitted maximum of patients on doctors' lists

The maximum number of patients a doctor is permitted to have on his list under the provisions of the Allocation Scheme is as follows:-

(a) Single-handed practitioner	....	....	3,500
(b) Practitioners in partnership (provided that the average list of all partners does not exceed that of a single-handed practitioner)		....	4,500
(c) Allowance for employment of an assistant full-time	....	....	2,000

A tolerance of 50 over and above these maxima is allowed in respect of each principal practitioner. No tolerance is allowed in respect of an assistant.

An allowance may also be made in respect of the employment of a part-time assistant, provided the assistant is employed for at least half the time for which a full-time assistant would ordinarily be employed, and during the year two applications for additional numbers for part-time assistants were allowed.

The Council is not ordinarily permitted to pay capitation fees for numbers in excess of the above maxima but new Regulations, introduced in December 1965, gave Executive Councils power to permit a doctor to retain an excess of patients on his list for a limited period after the death or retirement of a partner or the cessation of employment of an assistant. Councils need the Minister's approval if they propose to allow a doctor to retain an excess list beyond the period stated in the Regulations.

## 6. Health Centres

During the year the Council has been notified of proposals by Local Authorities to establish new Health Centres in the following districts:-

Weybridge	Sutton	Chertsey
Farnham	Reigate	Staines
West Byfleet	Merstham	Shepperton
Dorking	Lingfield	

In each case consideration has been given to the desirability of including provision for facilities for general medical practice in the Centres, and the Council has notified the practitioners in the areas concerned and sought their observations on the proposals.

Further developments regarding the establishment of these Centres are expected in the near future.

## 7. Surgery Accommodation on New Housing Estates

Local Housing Authorities have been asked to bear in mind the desirability of including accommodation for doctors in their housing development schemes, and during the period under review consultations have taken place between the Council and the Local Authorities concerned regarding the need for the provision of surgery facilities on new housing estates being developed at the Addington, New Addington and Monks Hill Estates in Croydon, and the Croydon Airport and Collingwood Road Sutton Housing Schemes.

## 8. Remuneration

During the period under review joint discussions took place between general practitioner representatives and the Minister of Health on the proposals made in the medical profession's "Charter for the Family Doctor Service", and a report on these discussions issued in October 1965 indicated that negotiations were proceeding on a new contract for services involving a new pay structure and a fundamental recasting of the existing system of remuneration. Throughout



the period covered by this Report, however, the method of remunerating general medical practitioners was based on the recommendations of the Royal Commission on Doctors and Dentists Remuneration and the Review Body, which was set up on the recommendation of the Royal Commission "to advise the Prime Minister on the Remuneration of Doctors and Dentists taking part in the National Health Service". The main payments came from a Central Pool, the size of which was determined by multiplying the number of doctors under 70 years of age providing unrestricted general medical services by an average net income, and adding a negotiated sum in respect of practice expenses (usually about one third of gross remuneration).

#### (a) Capitation Fees and Loadings

The basic capitation fee payable in respect of each person included in a doctor's list at the beginning of each quarter was increased as from 1st April, 1965, from 20/6d. to 22/6d. per annum.

The loading payment remained unchanged at the rate of 15/- per annum for each person from the 501st to the 1700th on the list of a doctor in partnership and from the 401st to the 1600th on the list of a single-handed doctor plus an additional payment of 1/6d. per annum for each patient within the range 1001-1500.

In June 1965 Councils were instructed to make supplementary payments to doctors in respect of (i) a credit balance from the Central Pool for the year 1962/63, and (ii) an advance on account of the Central Pool balance for the year 1963/64.

#### (b) Temporary Residents

The fee for the treatment of Temporary Residents was increased from £1. 1. 0d. to £1. 2. 6d. (from 10/6d. to 11/3d. for persons temporarily resident at a place classified as a convalescent home, holiday home, camp or other institution) and the total amount paid during the year was £51,916.

#### (c) Emergency Treatment and Anaesthetics

The Distribution Scheme provides for a special payment in cases in which the services of a second practitioner are required for the purpose of administering a general anaesthetic otherwise than in connection with maternity medical services, and also in cases where treatment is provided in an emergency before the services of the patient's own doctor can be obtained. All claims received by the Council are referred to the Local Medical Committee, who have the power, subject to appeal, to disallow payment of a claim. Generally speaking, these claims form a first charge on the sum available for distribution among doctors, but in certain cases the fee may be charged against the patient's own doctor.

Of the 55 claims for the provision of emergency treatment received during the year, 45 were allowed, 1 was disallowed or withdrawn and 9 were under consideration at the date of this report.

A total of 46 anaesthetic claims were received of which 43 were passed for payment and 3 were under consideration at the date of this report.

#### (d) Supplementary Annual Payment

This allowance is payable, subject to certain conditions, to single-handed doctors with small lists who are over 60 years of age and who have been in single-handed practice for the last 10 years or more in the practice to which the application relates, and on the grounds of hardship.

The applications of two doctors, in the over 70 age group, for continuance of the allowance on the grounds of hardship, were approved by the Central Committee of the Ministry of Health for a further period of 12 months.



The rate of payment was as follows:-

Basic Payment £350 p.a.

Plus 15/- for each patient within the range 301-420.

Less 15/- for each patient within the range 521-1000,  
and 16/6d. for each patient over 1000.

At the 31st March, 1966, Supplementary Annual Payments were being paid to five doctors between 60 and 70 years of age and to two over 70.

(e) Group Practice Loans

Interest free loans are approved only for the main and central surgery premises of the group and may be made for:-

The erection of a new building either on land already owned by the group or on land which may have to be acquired for the purpose and for the acquisition of such land.

The acquisition of an existing building and its conversion into surgery premises.

The conversion of a building already owned by the group.

The Minister is now able to approve loans up to £2,500 per principal in the group (£3,000 in areas where it is known that land or building costs are exceptionally high), or 80% of the cost, whichever is the less.

During the year ended 31st March, 1966, six applications were received and forwarded for consideration to the Group Practice Loans Committee.

The following statement shows the position as at 31st March, 1966:-

	£	s.	d.	£	s.	d.
Amount outstanding on loans to groups at 1st April, 1965	....		....	81,087.	0.	2.
<u>Add</u> transferred from Middlesex Executive Council at 1st July, 1965	....		....	8,050.	0.	0.
				<hr/>		
				89,137.	0.	2.
Loans issued during 1965/66	....	44,176.	0. 0.			
<u>Less</u> repayments of loans during 1965/66	....	11,306.	5. 0.	32,869.	15.	0.
				<hr/>		
Amount outstanding on loans to groups at 31st March, 1966	....		....	122,006.	15.	2.
				<hr/>		

(f) Rural Practice Payments

The Rural Practice Payments scheme provides that only doctors with at least 10% of their patients living three or more miles away and in rural practice areas are eligible for such payments. Special provision is made for Temporary Residents, Maternity Medical Services, the provision of Emergency Treatment and for payment of Compensation to those doctors who suffered a substantial financial loss as a result of the replacement of the previous mileage scheme.

Rural Practice Payments during the year ended 31st March, 1966, amounted to £8,279.



(g) Training Grants

Doctors approved by the Local Training Scheme Committee (or, on appeal, by the Training Scheme Regional Review Committee) as trainers under the Trainee General Practitioner Scheme are entitled to receive grants from the Council towards the training and supervision of assistants. The grant (which may not be paid for more than one year in respect of the same assistant) consists of a payment of £150 per annum, plus the salary and boarding expenses of the assistant up to a maximum of £1,310 per annum and an allowance not exceeding £220 per annum if an additional car is necessary.

During the year 11 applications were approved.

(h) Maternity Medical Services

There has been no change in the following scale of fees during the year under review:-

	<u>Doctors included</u> <u>in the</u> <u>Obstetric List</u>			<u>Doctors not</u> <u>included in</u> <u>the Obstetric List</u>		
	£	s.	d.	£	s.	d.
Complete Maternity Medical Services	12.	12.	0.	7.	7.	0.
Period I - Ante-natal care	7.	7.	0.	4.	5.	9.
Period II - Confinement and Post-natal care	5.	5.	0.	3.	9.	6.

The scale also includes a full range of proportionate payments for the provision of partial care, emergency treatment, etc.

The number of claims submitted by doctors during the year 1965/66 was 27,300 and payments for maternity medical services amounted to £228,411.

(i) Post-Graduate Education Fund

As from 1st April, 1963, a sum of £250,000 per annum has been set aside for Great Britain from the Central Pool of general medical practitioners' remuneration and credited to a fund known as the Post-Graduate Education Fund. From this fund payments are made to general medical practitioners in accordance with an approved scheme. At the end of each period of 5 years any balance remaining in the Fund will be transferred back to the Central Pool.

For the first 5 year period, i.e. from 1st April, 1963, to 31st March, 1968, the minimum attendance during the period to qualify for a payment from the Fund will be ten half-day sessions at approved refresher courses. The amount of the payment from the Fund to each practitioner who qualifies will be £60.

During the year the sum of £6,180 was paid by way of approved grants to 103 doctors on the Council's Medical List.

(j) Special Scheme for Post Graduate Education for Doctors who wish to Return to Medicine as General Practitioners

The Council was notified in March 1966 that the Minister of Health had made special arrangements for the attendance of medical practitioners who may wish to enter or re-enter general practice after an absence due to home commitments or to working abroad, at refresher courses organised under Section 48 of the National Health Service Act, 1946, and/or for a short period of experience with specially selected trainer general practitioners.



Under these arrangements the Minister has agreed to make grants towards the training required

- (i) for formal refresher courses, or individual attachments arranged in hospitals by the appropriate University, and
- (ii) for a period of training in general practice with a trainer general practitioner specially selected for the purpose by the Regional Post-Graduate Education Committee in consultation with the appropriate Local Training Scheme Committee.

Payments under (i) above will be made by the Ministry of Health or Welsh Board of Health direct to the doctor concerned, and payments under (ii) above will be made by the appropriate Executive Council.

The scheme does not generally apply to doctors who have practised medicine in the British Isles during the period of three years before the date of application, nor to doctors who were registered within the three years before the date of the application. The length and type of training will vary according to the needs of the individual doctor, and a suitable programme is agreed when an applicant is accepted for training.

#### (k) Improvement Grants

In November 1965 the Council was informed that a scheme for the provision of Exchequer grants towards the cost of improving medical premises had been agreed between the Minister of Health and representatives of the medical profession. The scheme, operative from 1st December, 1965, (except for certain projects commenced after 1st January, 1965, and before completion of the scheme), provides that a grant calculated to the nearest £ amounting to one third of the actual cost of approved work, including professional fees, will be available to all doctors providing unrestricted general medical services if their National Health Service list (for single-handed doctors) or average list (for doctors in partnership) contains 500 or more patients for those in urban areas or 350 for those in rural practice areas.

In order to attract Exchequer grant the work must, in the Minister's view, be designed to produce a significant improvement in existing practice arrangements, and the scope of the project must not, in the opinion of the Executive Council and the Department, be unreasonable having regard to the size and requirements of the practice, its location, the number and age of the doctors concerned and the existing state of the building. Certain other conditions must be satisfied, and doctors receiving a grant are required to sign an undertaking that the improved premises will remain in use for the purpose of National Health Service medical practice for a specified minimum period and that they will repay the due proportion of the grant, if so required, should they fail to observe the undertaking.

By 31st March, 1966, the Council had dealt with 14 applications.

#### 9. Supply of Disposable Syringes to General Medical Practitioners

In July 1965 the Council was informed that the Minister of Health had been advised that the use of syringes sterilised by methods formerly regarded as safe carried a serious risk of infection and that it was often not practicable to sterilise syringes adequately in the conditions of general medical practice. The Minister accordingly decided, in agreement with the representatives of the medical profession, that disposable syringes should be supplied free of charge to general practitioners for use with National Health Service patients, and in November 1965 the Council was asked to issue to doctors initial supplies of syringes and needles, and to make arrangements for the ordering, receipt and storage of these items to meet doctors future requirements.



## 10. Deputising Arrangements

The Terms of Service for general medical practitioners govern, inter alia, the arrangements a doctor is required to make for a deputy to conduct his practice when he is prevented from giving treatment personally by reason of other professional duties, temporary absence from home or other reasonable cause.

In most areas doctors are accustomed to making arrangements with their partners, or with other doctors in the neighbourhood, possibly through rota arrangements, for the care of their patients during short periods when they will not themselves be available, e.g. occasional or periodical night coverage or surgeries. They also contract directly with a locum tenens when one is required. Standing arrangements must be notified to the Executive Council, who have also to be notified of arrangements made for periods of absence longer than a week.

In a few areas there are companies, firms and persons, who in return for payment undertake to provide a deputising service to cover off-duty periods. A practitioner who wishes to use, or continue to use, one of these deputising services must obtain the consent of the Executive Council. Up to 31st March, 1966 the consent of the Council to use Deputising Services had been granted in 162 cases.

## 11. Medical Certification

(a) During the period under review minor amendments were made to the list of medical certificates which a doctor must supply free of charge.

(b) Amending Regulations made by the Minister of Pensions and National Insurance, which came into effect on 31st January, 1966, made radical changes in the periods for which national insurance certificates may be issued. The two main changes were:-

- (i) that a medical practitioner may issue one medical certificate to cover a period of up to seven days in all cases where an illness is unlikely to last longer than that or where, towards the end of a longer spell of illness, he considers the patient will be well within the next seven days, and
- (ii) that where an illness is likely to last more than seven days a medical practitioner may, from the beginning or at any time during the first 28 days of an illness, issue a forward certificate for any number of days or weeks up to a period of 28 days during which he expects the patient will remain incapable of work.

The amending Regulations also provided for a single medical certificate instead of the "first", "intermediate" and "final" certificates formerly in use, and in January 1966 Executive Councils were required to stamp and issue an initial supply of pads of the new certificates to all doctors in time for them to be brought into use at the end of that month, and to arrange for the destruction of stocks of the existing certificates.

## 12. Reports and Memoranda, etc., supplied to Medical Practitioners

During the year the Council has distributed to medical practitioners the following publications supplied by the Ministry of Health:-

### Education of the Public in the Use of the Doctors' Services

In October 1965 the Council was informed that the Minister of Health had considered with the representatives of the medical profession how the burden of work of general medical practitioners could be alleviated by educating the general public in the use of the doctor's services to the best advantage of both doctor and patient and that, in consultation with the profession, he had decided to launch a national campaign through press and television to urge the public to help the doctor to make the best possible use of his time, with benefit to patients and doctors alike. Copies of posters, stand-up cards and leaflets were distributed by Executive Councils to doctors for display in waiting rooms, etc.



## Food Poisoning

This memorandum, one of a series on the preventive and social aspects of medicine prepared by the Standing Medical Advisory Committee of the Central Health Services Council, reviewed the position regarding the types and principal features of food poisoning, notification under the Foods and Drugs Act of 1938 and the legislative requirements regarding the construction of equipment used in food premises, the transport of certain foods, the temperature at which food must be stored and, in particular, regulations relating to food handlers in a food business.

## Active Immunisation against Infectious Disease

A letter from the Chief Medical Officer of the Ministry of Health setting out details of recent developments which have a bearing on immunising procedures in general use.

## Recurrence of Rheumatic Fever

A letter from the Chief Medical Officer of the Ministry of Health enclosing a copy of a revised version of the memorandum on this subject prepared by the Standing Medical Advisory Committee of the Central Health Services Council.

## Presymptomatic Diagnosis of Cancer of the Bladder by Exfoliative Cytology

A letter from the Chief Medical Officer of the Ministry of Health addressed to family doctors on this subject and setting out the nature of the clinical and administrative problems involved.

## Report on Confidential Enquiries into Maternal Deaths in England and Wales

A report in respect of the years 1958-60, together with a covering letter from the Chief Medical Officer of the Ministry of Health.

## Typhoid and Paratyphoid Fever

A letter from the Chief Medical Officer of the Ministry of Health enclosing a copy of a memorandum on this subject.

## Vaccination against Measles

A letter from the Chief Medical Officer of the Ministry of Health addressed to all general medical practitioners and to Medical Officers of Health, referring to the controlled trials of measles vaccines conducted by the Medical Research Council at the Minister's request, and giving information about the vaccines and their use.

GENERAL MEDICAL SERVICES

Payments made to General Medical Practitioners  
year ended 31st March, 1966

	Quarter ended:			
	30 June 1965	30 Sept. 1965	31 Dec. 1965	31 Mar. 1966
Number of persons on doctors' lists	1,786,814*	1,993,341	1,996,780	2,007,143
Number on which capitation payments were based	1,785,365*	1,991,850	1,995,622	2,005,038

(\*Provisional figures pending transfer of records from Middlesex Executive Council)

	Quarter ended:				TOTAL
	30 June 1965	30 Sept. 1965	31 Dec. 1965	31 Mar. 1966	
	£	£	£	£	£
<b>1. Payments (Quarterly)</b>					
(a) <u>Capitation:</u>					
@ 5/7½d. per Qtr.	501,751	559,879	560,941	563,582	2,186,153
(b) <u>Loadings:</u>					
@ 3/9d. per Qtr.	162,449	179,568	178,489	179,280	699,786
@ 4½d. per Qtr.	6,716	7,419	7,386	7,408	28,929
(c) <u>Temporary Residents</u>	10,231	13,228	16,736	11,721	51,916
(d) <u>Emergency Treatment</u>	10	3	6	14	33
(e) <u>Anaesthetics</u>	16	3	12	8	39
(f) <u>Supplementary Annual Payments</u>	745	727	444	646	2,562
(g) <u>Rural Practice Payments</u>	2,083	2,054	2,035	2,107	8,279
(h) <u>Maternity Medical Services</u>	50,751	64,051	57,337	56,272	228,411
(i) <u>Post-Graduate Education Fund</u>	600	1,440	2,820	1,320	6,180
(j) <u>Central Pool Balances</u>					
1962/3	37,602	-	-	-	37,602
1963/4 (Advances)	61,839	-	-	-	61,839
<b>2. Payments (other than Quarterly)</b>					
(a) <u>Group Practice Loans issued</u>	....	....	....	....	44,176
(b) <u>Training Grants</u>	....	....	....	....	13,871
(c) <u>Improvement Grants</u>	....	....	....	....	233
(d) <u>Disposable Syringes</u>	....	....	....	....	3,777
TOTAL (excluding Employer's share of Superannuation)					3,373,786

P O P U L A T I O N

Registrar-General's Estimated 1965	1,975,670
Number of persons on Doctors' lists at 1st April, 1966	2,005,901



PART III

REGISTRATION

1. Transfer of Records

The re-organisation of Executive Councils in and around Greater London involved the transfer of doctors' and patients' records, and the Council's Registration Section was faced at the outset with the task of amalgamating the records of the former Surrey and Croydon Executive Councils and the records of doctors and patients in the areas formerly in Middlesex which were transferred to the Council, and at the same time maintaining the day-to-day work of the Section. The transfer involved the sorting, recording and filing of approximately two million nominal index cards into an alphabetical run and a similar number of medical register index cards into separate alphabetical runs for each doctor on the Council's Medical List.

2. Persons on Doctors' Lists

At the end of the year under review the number of persons on doctors' lists was 2,005,901: there were 294,179 additions to doctors' lists and 275,023 removals.

An indication of the movement in the registers which took place during the year may be gained from the following table:-

(a)	Number of persons removed from lists of doctors who resigned during the year	62,196
(b)	Number of persons placed on lists of successors to resigned doctors' practices	49,939
(c)	Applications from persons registering with a doctor for the first time	59,152
(d)	Acceptances in respect of persons who moved into the area	86,018
(e)	Persons transferred from one doctor to another within the area	94,790
(f)	Notices from Central Register in respect of persons who moved out of the area	94,556
(g)	Notices in respect of persons who died, enlisted or went abroad	31,224
(h)	Claims passed for payment in respect of persons who received treatment from doctors as temporary residents	49,494

Amendment Regulations, operative from 1st December, 1965, provided (inter alia)

(a) that a doctor may accept as temporary residents certain persons already on the lists of other doctors in the same area. (This allows, for example, boarding school pupils who live close to the school and are on the list of a doctor who provides general medical services at the school to receive treatment as temporary residents from the family doctor during holidays. It also allows patients on the list of a local doctor who are admitted temporarily to an institution to be treated as temporary residents by the visiting doctor of the institution), and

(b) for the removal from a doctor's list of a person serving a prison sentence or sentences totalling in aggregate more than two years.



### 3. Inflation

The Registrar General's estimate of the population of the Council's administrative area at 30th June, 1965, was 1,975,670. The number of persons on doctors' lists at 1st July, 1965, was 1,993,329, which exceeded the estimated population figure by 17,659 (approximately 0.89%). By the 1st January, 1966, the number of persons on doctors' lists had risen to 2,006,814, i.e. 31,144 (or 1.57%) above the estimated population figure at 30th June, 1965.

The difficulties of registration have been mentioned in other reports: persons who wish to register on the National Health Service list of a doctor may use acceptance forms (E.C.1 (Rev.)) if they are not in possession of medical cards, and a considerable number of persons use these forms during the course of a year. In many cases the persons have not made a note of their National Health Service numbers, and the forms are received without the numbers being quoted and often without the other details necessary for identification purposes, e.g. date of birth, former names and the names and addresses of previous doctors. All possible steps are taken in the office to obtain the missing particulars and this, of course, involves a considerable amount of searching and correspondence. The main source of difficulty in this connection is the absence of National Health Service numbers: incomplete applications are referred to the Central Register where, if necessary, new National Health Service numbers are allocated, but the allocation of new numbers is, of course, a source of possible inflation in doctors' lists as the names of the persons concerned may remain registered on the lists of other doctors under the original numbers.

### 4. Assignment of Persons to Practitioners

A person who is refused acceptance by a National Health Service doctor may make application to the Council to be assigned to a practitioner. It is then the duty of the Allocation Committee to assign the person to such practitioner as they think fit, having regard to the distance between the residence of the person and the various practitioners, and to such other circumstances as appear to them to be relevant. The Chairman of the Allocation Committee is authorised to carry out the power of assignment in cases in which action is necessary before a meeting can conveniently be held. During the year 35 persons were assigned to lists of practitioners in this way. Of these, 23 were members of eight families.

One patient was assigned more than once in the year, being subject to a special arrangement whereby the patient is assigned to the local doctors in turn each for a period of three months.

### 5. Drug Addiction

The abuse of the service by persons seeking to obtain excessive supplies of addictive drugs has become an increasing problem, and during the year the Council has had to consider a number of cases in which it appeared that supplies of drugs under the National Health Service had been irregularly obtained. Where appropriate, these matters have been referred to the police authorities.

A check is kept on the movement of persons known to be obtaining these supplies through the registration records, and warnings are issued to local doctors. A separate register of these people is maintained and doctors in the area are warned in order to forestall these activities.

It has been emphasised that doctors can greatly reduce the opportunities for abuse of the service in this way by exercising caution in prescribing these drugs for persons who are not known to them (e.g. alleged temporary residents and newcomers), and by taking extra precautions with forms E.C.10 to prevent them falling into unauthorised hands. The Minister of Health has issued notices to doctors through Executive Councils drawing attention to this problem and inviting their co-operation.



## 6. Capitation Payments

The second report of the joint discussions between the Minister of Health and representatives of general medical practitioners on the proposals made in the medical profession's "Charter for the Family Doctor Service" indicated that one of the proposals was that in future the capitation fee for patients over 65 years of age should be higher than that for other patients, and while it was not known whether the various proposals would be implemented, Councils were advised in January 1966 that it would be a wise precaution to begin to ensure that all nominal index cards and medical register cards included the patient's date of birth.

So far as the Council's registers were concerned, it was estimated that 140,000 nominal index cards were likely to have no year or date of birth on them and that 960,000 medical register cards would need to have the date of birth copied on to them.

## 7. Use of Medical Cards as Evidence of Identity

In connection with an announcement by the Government that with effect from 1st March, 1966, applicants for British Visitors' Passports would be required to produce evidence of identity, Executive Councils were informed that the Minister of Health had agreed that the National Health Service medical card would be one of the documents which would be acceptable as identification of an applicant (the other being a birth certificate or Retirement Pension Book). It was also agreed that when a medical card was produced as evidence of identity the office issuing the British Visitors' Passport should endorse the card with the letters "B.V.P." and the date.

The fact that medical cards may be used in this way and that endorsements may in future appear on them is not intended to affect in any way the normal procedure of Councils in connection with the issue, replacement or destruction of the cards, as appropriate. Councils are not expected to make any additional checks to establish the identity of an applicant, and it is not thought that any significant amount of extra work for Councils will arise from requests for medical cards from people who want them privately for identity purposes.

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PHARMACEUTICAL SERVICES1. Pharmaceutical List

At the 31st March, 1966, the Council's Pharmaceutical List included the following pharmacies, etc., providing pharmaceutical services:-

(a) Pharmacies	....	....	....	527
(b) Drug Stores	....	....	....	6
(c) Surgical Appliance Suppliers (not included at (a) or (b))			....	93

2. Hours of Service

The normal hours of business are from 9.00 a.m. to 6.00 p.m. with not more than seventy-five minutes closing for lunch, and on early closing days 9.00 a.m. to 1.00 p.m. Additional hours of service under the Council's scheme for securing that one or more places of business on the Pharmaceutical List in each district are open at all reasonable times were provided by 487 pharmacies during the year. The duty rotas covered in the main additional service on weekdays, early closing days, Sundays and public holidays, but in the least populated districts it was not thought necessary to provide a full service of this nature. Broadly speaking, full service was given at 362 pharmacies on 95 rotas, and a modified service was provided at 125 pharmacies.

Where the additional hours of service on Sundays and public holidays vary in adjacent areas chemists in each district display a notice giving the times at which service is provided by the other chemists.

The hourly rates for after hours service are 10/-d. on weekdays, £1 on early closing days, Sundays and public holidays.

Payments made in respect of these services during the year ended 31st March, 1966, amounted to £22,970.

The Shops (Early Closing Days) Act, 1965, which came into operation during the course of the year, gave all shopkeepers the right to choose their own early closing day and to change it at intervals of not less than three months. Chemists were asked to give Councils not less than fourteen days notice of any intention to change their early closing day.

3. Scheme for Testing Drugs and Appliances

(a) In accordance with the Scheme for testing drugs and appliances 234 samples of drugs and 51 samples of appliances were taken during the year. Eight reports in respect of drugs (3.4%) and one report in respect of an appliance (2%) were referred to the Pharmaceutical Service Committee for investigation. Two reports in respect of appliances were pursued informally.

A summary of the samples taken under the Scheme is given below:-

<u>D R U G S</u>			
Linctuses	9	Tablets	58
Mixtures	86	Proprietary Preparations	75
Ointments	1	Vit.A.Prep.	2
Penicillin Preparations	3		

<u>A P P L I A N C E S</u>		
Absorb. Cotton Wool B.P.C.	12	Bandage Crepe
Absorb. Cotton Wool(Hosp. Quality)	6	Paraffin Gauze Dressing
Absorb. Gauze	8	Cellulose Wadding
Absorb. Lint	15	Elastic Zinc. Oxide Plaster



(b) In March 1966 the Council was notified that the Minister had decided to revise the Department's model scheme for testing drugs and appliances, and they were requested to consider the adoption of a new scheme, after consultation with the Local Pharmaceutical Committee.

Under the new arrangements samples for testing will be selected from amongst those drugs and appliances already dispensed by chemists and awaiting collection by patients, and the agent of the Council for this purpose will be an Inspector appointed for the purpose by the Pharmaceutical Society.

#### 4. Comprehensive Handbook on Prescribing

A comprehensive Handbook on Prescribing has been issued to all general practitioners including assistants and trainee practitioners. The Handbook was prepared after consultation with the British Medical Association and brings together in a loose leaf form current editions of various documents which have been issued for the information of doctors in the Service. Each section is printed on different coloured paper and separated by colour dividing leaves to facilitate insertion of revisions and amendments. A pocket is also included to take a copy of the British National Formulary. Amendments of the Handbook have been made from time to time and copies of the amendments have been issued to practitioners so that these could be incorporated in the Handbook.

#### 5. Remuneration of Chemists

(a) Payment for prescriptions dispensed at each place of business by chemist contractors on the Pharmaceutical List for the supply of drugs or drugs and appliances and submitted to the Pricing Offices in respect of each calendar month consists of:-

- (1) (i) the total of the prices of the drugs, preparations, prescribed reagents or appliances, calculated in accordance with the provisions set out in the Drug Tariff,  
less (ii) a discount from the total of the prices calculated as at (i) above to be applied where the number of National Health Service prescriptions dispensed in the month exceeds 1,000 on a scale determined by the Minister after consultation with the Central National Health Service (Chemist Contractors) Committee, starting at one tenth of one per cent and rising to 3.5 per cent where 7,001 or more National Health Service prescriptions have been dispensed in the month,  
plus (iii) an on-cost allowance of 14% of the total of the prices at (i) above (i.e. before the application of any discount);
- (2) the appropriate professional fees as set out in Part IIIA of the Tariff;
- (3) the allowances for containers (except in respect of "bulk" prescriptions) as set out in Part VIII of the Tariff.

(b) Payment for prescriptions dispensed by contractors undertaking only to supply appliances at a separate place of business, and received in the Pricing Offices during any calendar month beginning on the first of each month consists of:-

- (i) the total of the prices of the appliances, calculated in accordance with the provisions set out in the Drug Tariff, increased by a composite percentage rate of on-cost allowance calculated so as to represent, to the nearest one tenth of one per cent where the number of prescriptions does not exceed 2,500 and to the nearest one twentieth of one per cent in other cases, 25% for each prescription up to 500, 20% for each prescription from 501 to 750, and 12½% on the remainder;
- (ii) the appropriate dispensing fees in accordance with the scale of fees set out in Part IIIB of the Tariff;



(c) The Minister and the Central National Health Service (Chemist Contractors Committee) consider applications from chemist contractors each year for the grant of additional remuneration for pharmaceutical services provided by pharmacies in areas where access to the next nearest pharmacy presents difficulties to patients, and where the pharmacy dispenses on a yearly average not more than 750 prescriptions a month.

(d) In April 1965 the Council was asked to supply the Ministry of Health with statistical details regarding the number and cost of National Health Service prescriptions dispensed by each Chemist, Drug Store and Appliance Contractor on the Council's list during the financial year 1964/65.

(e) In March 1966 the Council was informed that new arrangements, effective as from 1st May, 1966, had been agreed with the Central National Health Service (Chemist Contractors) Committee for paying chemist contractors (including appliance contractors). Formerly, special interim payments were made to contractors which were recoverable when the contractor concerned ceased to provide pharmaceutical services under the National Health Service, but under the new arrangements chemists will receive, on the first working day of the month next but one after that in which the prescriptions were dispensed, a sum on account equivalent to about 80 per cent of the total which is estimated to be due and, at the same time, the balance due in respect of the previous month. The former special interim payments were recoverable with the introduction of the new arrangements.

## 6. Weights and Measures

Regulations provide that a chemist may, when carrying out an order for the supply of a drug expressed in terms of gram or milligramme, or any multiple or fraction thereof, use the equivalent quantity prescribed in the Schedule to the Weights and Measures (Equivalents for dealings with drugs) Regulations, 1964.

## 7. Pricing of Prescriptions

The pricing of prescriptions is carried out by the Joint Pricing Committee for England operating through Pricing Bureaux in various parts of the country. The number of prescriptions submitted by chemists throughout the country totalled approximately 236 millions, almost 9½ millions emanating from the Council's area.

## 8. Preparations alleged not to be Drugs

During the year the Pricing Bureaux referred to the Council for investigation certain cases in which it appeared to the Bureaux that the preparations prescribed might not have been drugs forming part of the Pharmaceutical Services under the Act. The decisions of the Local Medical Committee on cases referred to them are as follows:-

### Substance was a Drug - 32 Cases

Casilan	3	Lacto Calamine	1
Denver Face Mask Pack	1	Nestargel	2
Energen	19	Polytar Shampoo	1
Johnsons Baby Powder	1	Sebbix Shampoo	4

### Substance was not a Drug - 20 Cases

Arobon	1	Dettol	1
Brands Essence	2	Energen	1
Casilan	2	Ethica Soap	2
Cidal Soap	1	Glucodin	1
Complan	3	Sevana Soap	6



## 9. Oxygen Therapy Equipment

As from 1st April, 1965, the Minister introduced revised conditions determining the inclusion of Chemist Contractors in the Council's List of Contractors providing Oxygen Therapy Services and revised terms of remuneration for the supply of oxygen equipment and oxygen gas.

It was agreed with the Central National Health Service (Chemist Contractors) Committee that, in order to ensure that an improved oxygen service is afforded to patients, oxygen equipment and/or gas should ordinarily be supplied only by contractors who

(a) regularly stock oxygen equipment, as specified in the Drug Tariff, and oxygen gas on the premises;

(b) are prepared, when it would not be reasonable to expect that the patient's representative could safely do so or when he is unable to do so, to deliver the oxygen set and cylinders to the patient's premises, to collect empty cylinders when they are being replaced, and to collect the set and cylinders when informed that treatment has been discontinued, and

(c) are prepared to erect and explain the operation of the oxygen set at the patient's home, particularly when the patient is having oxygen therapy for the first time.

The Council was required to compile and issue a new List of Oxygen Contractors restricted to those who satisfied the Council that they were in a position to give a full service on the lines set out above, showing in respect of each contractor his name and address and normal hours of business, his telephone number, whether he is available for emergency cases and, if so, at what hours and where (if it is a different address from that of his shop), and the number of Drug Tariff oxygen sets stocked. A copy of the list is distributed to every general medical practitioner and assistant having patients in the area, and to each chemist contractor. Chemists whose names are not included in the list have been informed that they should refer the patient's representative to the nearest chemist included in this or an adjacent Council's list.

The Council maintain a record of Oxygen Therapy Equipment on loan to patients from chemists in the area. Periodic enquiries are made from practitioners in whose lists the patients are included to ascertain whether the equipment is still required.

Claims from four chemists in respect of Oxygen Therapy Equipment broken whilst on loan were passed for payment.

## 10. Chemists' Terms of Service

Amendment Regulations, operative as from 1st December, 1965, included changes in Chemists' Terms of Service which

(a) amended the requirement for a chemist to supply any prescribed appliance ordered by a doctor to a requirement to supply those appliances which he supplies in the normal course of his business;

(b) made it clear that, when closed, a registered pharmaceutical chemist or authorised seller of poisons is required to display a notice indicating the addresses and times of opening of only other such contractors in the neighbourhood who are required to be open under the Hours of Service Scheme;

(c) set out the obligations of chemists supplying any appliance which required measuring and fitting, and

(d) ensured that a chemist's requirement to supply such drugs as may be ordered by a doctor does not conflict with the provisions of any regulations in force under the Weights and Measures Act, 1963.

# 11. Medical Practitioners - Drugs & Appliances

There were 37 dispensing doctors included in the Council's Medical List on the 1st January, 1966, who were responsible for the supply of drugs and appliances to all or some of their patients. Thirty of these were paid by way of the drug capitation fee, together with additional payment, over and above the drug capitation fee, for the supply of specially expensive items included in the official list and for the supply of other drugs where special sanction is given. The seven remaining doctors have elected to submit their prescriptions for pricing and receive payment on the basis of the Drug Tariff.

The total amount paid to dispensing doctors during the year under review amounted to £60,634.

12. The following statement gives details regarding prescriptions dispensed in the Council's area during the year 1965/66:-

<u>Month</u>	<u>No. of Prescriptions</u>	<u>Average total cost per Prescription</u>	<u>Total cost</u>	<u>No. of persons for whom doctors prescribe</u>	<u>Prescription Frequency per person</u>	<u>Average total cost per person</u>
<u>1965</u>		d.	£			d.
April	758,012	128.62	406,219	1,956,923	.387	49.82
May	764,178	130.83	416,579	1,956,923	.390	51.09
June	737,927	131.38	403,954	1,956,923	.377	49.54
July	737,873	133.05	409,051	1,962,653	.376	50.02
August	647,213	134.23	361,978	1,962,653	.330	44.26
September	691,719	132.34	381,435	1,962,653	.352	46.64
October	771,230	131.51	422,599	1,965,866	.392	51.59
November	773,383	132.51	426,997	1,965,866	.393	52.13
December	794,270	133.01	440,194	1,965,866	.404	53.75
<u>1966</u>						
January	862,332	130.32	468,257	1,975,656	.436	56.88
February	880,988	129.16	474,110	1,975,656	.446	57.59
March	920,609	132.07	506,606	1,975,656	.466	61.54
<u>TOTALS</u>	9,339,734	-	5,117,979	-	-	-



GENERAL DENTAL SERVICES1. Dental List

At 31st March, 1966, the names of 607 principal dental practitioners were included in the Council's Dental List, and 54 assistant dental practitioners were also employed by principals for the purpose of providing general dental services in the Council's area.

Practitioners may not employ more than two assistants without the consent of the Council, and such consent is subject to review by the Council, in consultation with the Local Dental Committee, not less than once a year.

2. Remuneration

During the course of the year the Government accepted a recommendation by the Review Body on Doctors' and Dentists' Remuneration that the scale of fees should be adjusted so as to increase the average net income from the General Dental Services to all principals, full-time and part-time, working wholly or partly in the General Dental Services. The Dental Rates Study Group's recommendations on the changes which should be made to produce this result were adopted by the Minister of Health, who made amendment regulations, operative as from 16th September, 1965, to provide for additional payments equal to 2.7% of the fees payable and for increases in the scale of fees for certain items of treatment. However, it was later estimated that these changes would not have the effect of fulfilling the recommendations of the Review Body, and further amendment regulations, issued in February 1966, provided for the additional payments to be made at the rate of 5% instead of 2.7% in respect of advices of payment from the Dental Estimates Board, dated on or after 5th February, 1966, relating to treatment given under contracts or arrangements entered into or made on or after the 1st January, 1966.

3. Replacement of Dental Appliances

The Regulations place a duty upon the Council to consider applications for the replacement of dental appliances in cases in which the Dental Estimates Board have reason to think that the replacement may be necessitated by lack of care on the part of the patient. Such applications are considered by the General Services Committee who, after inviting the representations of the patient, determine whether the replacement is necessitated by lack of care on the part of the patient and whether the whole or a proportion of the cost of the replacement should be borne by the patient. If it subsequently appears that the payment of the sum so determined to be payable by the patient would involve undue hardship, the Council may make such contribution thereto as they may think fit.

The following statement shows details of decisions reached on applications considered during the year 1965/66:-

	<u>Number of Cases</u>		
(a) There was no lack of care on the part of the patient	222		
(b) Referred back to the Dental Estimates Board for consideration as normal replacement Ø	49		
(c) There was lack of care and -			
(i) the patient should bear the full cost	364		
(ii) the patient should bear part of the cost	35		
(iii) the Council decided to make a contribution to the costs determined to be payable by the patient on grounds of hardship	16		
	686		
	£	s.	d.
Total cost falling on patients	2,081.	8.	0.
Total cost falling on Exchequer	1,483.	16.	10*
	3,565.	4.	10.

Ø The Committee were of the opinion that these cases should not be considered under Regulation 25 but should be referred back to the Board for consideration as normal replacement, subject to payment by the patient of the usual statutory charge.

\* This amount includes £97. 15. 9d. contributions by the Council in cases under (c)(iii).



#### 4. Discontinuance of treatment

The Council considered 36 applications by dental practitioners for authority to discontinue treatment they had commenced, and after seeking the observations of the patients concerned all of the applications were granted.

In order to assist in reducing the number of orthodontic cases in which treatment is discontinued before completion, a form is now sent by the Dental Estimates Board to parents or guardians of children who are under the age of 16 years, or to the patients themselves when they are age 16 years or over at the beginning of a course of treatment, pointing out their responsibility for co-operating with the dentist in the treatment and asking them to sign a statement undertaking to ensure, as far as possible, that the appliance is worn and that attendance for treatment is continued until the work is completed.

#### 5. References to Dental Officer

During the year a number of enquiries were received from members of the public in regard to dentures provided under the General Dental Services, and in 24 cases it was necessary to have recourse to the Ministry of Health for a report of a dental officer. In all but one of the cases referred for a report of a dental officer during the year under review, the difficulties experienced by the patients were resolved without the necessity for a formal investigation by the Dental Service Committee.

#### 6. Charges for general dental services

These charges are as set out below:-

##### (a) Treatment

All patients accepted for treatment (other than the provision of dentures) are required to pay £1 or the full cost of the treatment if it is less than that amount. No charge is made to any person for an examination, the arrest of bleeding, or a domiciliary visit.

##### Excepted classes:-

No charge is made to persons who at the day of acceptance for treatment are children and young persons under the age of 21, expectant mothers, or mothers who have had a child during the preceding twelve months. In these cases the patients or the patients' guardians must sign a declaration in support of the claim for free treatment.

##### (b) Dentures, including bridges

			<u>Charge</u>		
			£	s.	d.
1, 2 or 3 teeth	.....	.....	2.	5.	0.
4 - 8 teeth	.....	.....	2.	10.	0.
More than 8 teeth (maximum for one denture)			2.	15.	0.
Additions to or relining of dentures (including any other dental treatment)	.....		1.	0.	0.
MAXIMUM per course for more than one denture or for more than one denture with any other treatment			5.	0.	0.
There is no charge for repairs to dentures or other dental appliances					



## Excepted classes

No charge is made to persons who at the date of dental examinations are:-

\*Children under 16 years or older children who are still attending school full time.

Expectant mothers.

Mothers who have had a child during the preceding twelve months.

A similar declaration as in (a) above is required.

\*A school is defined in the Education Act 1944 as "an institution for providing primary or secondary education, or both primary and secondary education, being a school maintained by a Local Education Authority, an independent school, or a school in respect of which grants are made by the Minister (of Education) to the proprietor of the school".

("School" for this purpose does not include training colleges, universities or other establishments of further education)

### (c) Fraudulent Claims for Exemption from Statutory Charges:

From time to time the Ministry of Health has referred to Councils cases where a check by the Dental Estimates Board has revealed the possibility that a patient's claim for exemption from the statutory charges may be fraudulent, and in May 1965 the Council was notified that such cases would, in future, be referred to the Council concerned by the Dental Estimates Board direct. The police, or the Council, if they think the evidence justifies bringing a case may prosecute the patient under Section 6 of the National Health Service Act, 1952, for making a false statement or representation or producing fake documents for the purpose of evading the appropriate charge.

## 7. Fluoridation of Water Supplies

A new edition of the booklet "Fluoridation", which substantially revised that issued in 1963, was distributed to practitioners providing general dental services in the Council's area, together with a covering letter from the Chief Dental Officer of the Ministry of Health.

## 8. Wages and Conditions of Service of Dental Technicians

Under his Terms of Service a dental practitioner is required to pay rates of wages and observe hours and conditions of work not less favourable than those approved, for the time being, by the National Joint Council for the Craft of Dental Technicians. In 1962 the National Joint Council sent a letter to Clerks of Executive Councils informing them of changes in the wages and conditions of employment of dental technicians so that Councils should be in a position to answer questions they might receive from practitioners.

In January 1966 Councils were informed by the Ministry of Health that in order to ensure that practitioners know when there has been such a change it had been agreed that in future when a new agreement was made practitioners should be notified of it by Executive Councils and told that if they employ dental technicians and do not already have details of the changes they could obtain these from the Executive Council.



SUPPLEMENTARY OPHTHALMIC SERVICES1. The Ophthalmic Services Committee(a) Constitution and term of office

The duties of the Executive Council in regard to Supplementary Ophthalmic Services are exercised on behalf of the Council by the Ophthalmic Services Committee constituted in accordance with the National Health Service (Executive Councils) Regulations. The term of office of members of the Committee is three years. The term of office of the present Committee expires on the 31st March, 1968.

The Committee consists of sixteen members appointed as follows:-

- (i) Eight members by the Council from among the members of the Council other than those appointed by the Local Medical Committee.
- (ii) One medical practitioner by the Council from among the members of the Council appointed by the Local Medical Committee.
- (iii) Three medical practitioners having the prescribed qualifications; three ophthalmic opticians; and one dispensing optician and one standing deputy appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

(b) Duties of the Committee

The duties of the Committee are to administer the Supplementary Ophthalmic Services, including the preparation and issue of lists of ophthalmic medical practitioners and ophthalmic and dispensing opticians taking part in the service in the area, the approval of the supply of glasses and of accounts for payment, and the consideration of applications in respect of the replacement and repair of glasses.

(c) Membership of the Committee at the 31st March, 1966Appointed by the Executive Council

Mr. A. Burgess  
Mrs. K.C.S. Garrett  
Mr. F.D. Gilday-Fox  
Dr. J.H. Lankester  
Mrs. B.E. Redding  
Mr. W.J. Rose  
Mr. P. Rosie  
Mr. F.C. Wilson  
Mrs. A. Woodgate (Vice-Chairman)

Dispensing Opticians Appointed by the Association of Dispensing Opticians

Mr. A.W. Spon-Smith  
Deputy: Mr. V.G. Lewis

Ophthalmic Medical Practitioners Appointed by the British Medical Association and Faculty of Ophthalmologists

Mr. W.M. de C. Boxill  
Dr. J.H. Mellotte  
Dr. A.M. Roy

Ophthalmic Opticians Appointed by the Joint Committee of Ophthalmic Opticians

Mr. R.A. Baxter  
Mr. E.L. Ebbage (Chairman)  
Mr. W.J. Meakin

(d) Sub-Committees (appointments made annually by the Committee)(i) Advisory Sub-Committee

This Sub-Committee deals with matters of day-to-day procedure within the regulations.

Membership: Mr. W.M. de C. Boxill  
Mr. A. Burgess

Mr. E.L. Ebbage  
Mr. A.W. Spon-Smith



(ii) Hardship Sub-Committee

It is the duty of this Sub-Committee to consider applications for assistance towards the amount payable for the replacement and repair of glasses in cases where it is claimed that payment by the applicant would involve undue hardship.

Membership: Mr. A. Burgess  
Mr. F.D. Gilday-Fox  
Mr. P. Rosie

(iii) Accounts Sub-Committee

This Sub-Committee is authorised to approve payment for sight tests and the supply, replacement and repair of glasses.

Membership: Mr. F.D. Gilday-Fox  
Mr. W.J. Rose  
Mrs. A. Woodgate

(iv) Premises Sub-Committee

This Sub-Committee was appointed to visit and report on the consulting, fitting and waiting rooms of ophthalmic medical practitioners and ophthalmic and dispensing opticians providing supplementary ophthalmic services in the area.

Membership: Mrs. A. Woodgate

together with any lay member and a professional member of the Committee representing the branch of the Service concerned.

2. The Ophthalmic Investigation Committee

Constitution and term of office

The Committee consists of a Chairman and ten other members appointed as follows:-

- (i) Four appointed by the Council from among the members of the Council other than those appointed by the Local Medical Committee.
- (ii) Two ophthalmic medical practitioners;  
two ophthalmic opticians; and  
two dispensing opticians  
appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

The Chairman and one of the members appointed by the Council must not be members of the Ophthalmic Services Committee. For the purpose of investigations the Committee normally consists of a Chairman and eight members, that is, four members appointed by the Council, two members representing the branch of the Service involved (ophthalmic medical practitioner, ophthalmic optician or dispensing optician) and one member of each of the other two branches of the Supplementary Ophthalmic Services.

The term of office of members of the Committee is three years. The term of office of the present Committee, which is set out below, expires on the 31st March, 1968.

Mr. R.O. Jenkins (Chairman)	)	Appointed by
Mr. C.S. Petheram (Deputy Chairman)	)	the Committee



Appointed by the Executive Council

Principals

Mrs. K.C.S. Garrett  
Mr. T. Reid  
Mr. P. Rosie  
Mrs. A. Woodgate

Deputies

Mr. E. Neville Browne  
Mr. F.D. Gilday-Fox  
Mrs. B.E. Redding  
Mr. F.C. Wilson

Appointed by the British Medical Association  
and Faculty of Ophthalmologists

Principals

Mr. C.J. Longworth Blair  
Dr. J.H. Mellotte

Deputy

(To be appointed when  
the need arises)

Appointed by the Joint Committee of Ophthalmic Opticians

Principals

Mr. E.L. Ebbage  
Mr. W.J. Meakin

Deputy

Mr. D.O. Rawling

Appointed by the Association of Dispensing Opticians

Principals

Mr. T.H. Collison  
Mr. A.W. Spon-Smith

Deputy

Mr. W.S. Stone

3. London Government (Executive Councils) Order 1964

As a result of this Order the Ophthalmic Services Committee for South-West London and Surrey was constituted with effect from the 1st April, 1965, when the Croydon and Surrey Ophthalmic Services Committees were dissolved.

A list was drawn up containing the names of all ophthalmic medical practitioners and ophthalmic and dispensing opticians on the lists of the dissolved Committees and those practitioners providing Supplementary Ophthalmic Services in the former borough of Twickenham and the urban districts of Staines and Sunbury-on-Thames who were on the list of the Middlesex Ophthalmic Services Committee.

The records of the dissolved Committees were transferred to the new Committee and arrangements were made with all practitioners providing Supplementary Ophthalmic Services in the area for the submission and payment of their claims for sight testing and the supply and repair of glasses through these Services.

4. The Ophthalmic List

During the year 172 alterations were made to the ophthalmic list involving additions, deletions and amendments. The number of practitioners and firms whose names were included in the list on the 31st March, 1966, was as follows:-

<u>Ophthalmic Medical Practitioners</u>	109	
<u>Ophthalmic Opticians</u> - Individuals	287	} 272 Practices
Firms	93	
<u>Dispensing Opticians</u> - Individuals	96	} 60 Practices
- Firms	39	



## 5. Blind or partially sighted persons

In August 1965 the Minister of Health advised the Ophthalmic Services Committee that a suggestion had been made to him that it would be helpful if ophthalmic medical practitioners and ophthalmic opticians taking part in the Supplementary Ophthalmic Services were encouraged to put in touch with local authorities patients, particularly elderly or handicapped persons living alone or in remote areas, who have defects of vision which might qualify them for registration as blind or partially sighted persons.

At the suggestion of the Minister and after communicating with the local authorities in the area the Ophthalmic Services Committee sent to ophthalmic medical practitioners and ophthalmic opticians practising in the area an outline of the range of domiciliary welfare services provided by local authorities for blind and partially sighted people registered with them and gave the names, addresses and telephone numbers of the officers who could be contacted by the patients themselves, or on their behalf if they so wish.

## 6. Statement of Fees and Charges

This Statement specifies the fees and charges for the testing of sight and the supply or repair of glasses and is prepared by the Minister of Health under Regulation 3 of the National Health Service (Supplementary Ophthalmic Services) Regulations, 1956. The Minister amended the Statement on two occasions during the year under review as follows:-

(a) With effect from the 1st April, 1965, an increase was made in the fees payable to opticians for sight testing and dispensing prescriptions for glasses. Provision was made for the increased fees to be applied retrospectively to the 1st September, 1964.

(b) With effect from the 1st August, 1965, the Statement was revised. The new Statement, which incorporated amendments since the previous issue, included increased prices for all lenses and certain frames and an amendment to the range of tinted lenses available under the Supplementary Ophthalmic Service.

## 7. Sight tests

A fee of £1. 5. 4d. is payable by the Executive Council to an ophthalmic medical practitioner for the testing of sight, unless the sight test is given during sessions arranged by a Local Education Authority when the fee payable is 12s. 6d. No fee is payable in respect of a sight test given by a School Medical Officer whose name is not included in the ophthalmic list.

An ophthalmic optician is entitled to a fee of 17s. 0d. from the Executive Council for each sight test unless he does not dispense glasses at all or, as the result of the test, he does not consider it necessary to prescribe glasses, in which case he is entitled to a fee of 19s. 0d.

The number of sight tests carried out by, and the fees paid to, ophthalmic medical practitioners and ophthalmic opticians during the year covered by this report are given in the statement appended to this section of the report.

## 8. Permission for sight tests

As a means of preventing unnecessary sight tests, ophthalmic medical practitioners and ophthalmic opticians have been requested to ensure that a person's sight is not tested without the permission of the Ophthalmic Services Committee if it has been tested within the preceding twelve months, except where the need for a further test appears urgent, or where the person's general medical practitioner has been informed that the person should return for a further sight test within six months of the previous test.

During the period under review the permission of the Ophthalmic Services Committee for a second sight test within a year was given in 4,725 cases.



## 9. Supply of glasses

Persons provided with National Health Service glasses or lenses, except children in certain circumstances, are required to pay the optician the sum of 12s. 6d. for each single vision lens, or 20s. 0d. for each bifocal lens, and a charge of between about 7s. 0d. and 28s. 0d. for the frame, if one is supplied, according to the type of frame chosen. An additional charge is payable if special lenses are supplied at the person's request.

National Health Service lenses may be fitted to a privately supplied frame, provided it has a surrounding protective rim conforming to National Health Service lens shapes. In such circumstances the lens charge mentioned above is payable by the person, together with the optician's price for the private frame if a new one is supplied.

Children under ten years old may be supplied with children's standard glasses without charge, that is, crown glass lenses in a nickel frame, but if any other National Health Service frame, or privately supplied frame is used, the full charges shown above are payable.

Children who are ten years of age, and are either under sixteen or, if aged sixteen or more, in full-time attendance at a school within the meaning of the Education Act, 1944, may also receive children's standard glasses without charge. Alternatively, they may be provided with lenses free of charge if these are fitted to any other National Health Service frame, but the charge for the frame is payable if a new one is supplied. If a privately supplied frame is used the full charges are payable.

The amount due to the optician from the Executive Council is the difference between the full cost of the glasses and the charges contributed by the patient, if any. The number of cases in which glasses or lenses were supplied and the amounts paid by the Executive Council and patients during the year ended 31st March, 1966, are set out in the statement appearing at the end of this section of the report.

## 10. Dispensing Claims

An analysis was made of the types of frames used for glazing with National Health Service lenses according to dispensing claims received from opticians during the period 1st November, 1965, to 31st January, 1966. The result of the analysis is as follows:-

New National Health Service Frames	....	13,888 (23.7%)
New Private Frames	....	31,132 (53.2%)
Reglazed Frames	....	13,521 (23.1%)

## 11. Uncollected glasses

Opticians have been requested to report cases where glasses have been ordered but not collected. This request was made in order that a communication could be addressed to the person in an effort to effect collection of the glasses. The Committee have agreed that where all efforts fail to result in delivery of the spectacles the amount due from the Executive Council in respect of the lenses be paid to the optician and that he returns the frames to stock.

During the year 324 cases of uncollected glasses were reported to the Committee. In 144 cases the glasses were eventually collected, but in 116 cases the person failed to take delivery of the spectacles and the Executive Council's share of the cost of the lenses was paid to the optician. The remaining 64 cases were outstanding at the time of this report.

## 12. Replacement and repair of glasses

The whole or part of the cost of the replacement or repair of glasses is payable by the Executive Council unless the Ophthalmic Services Committee determine that the replacement or repair was necessitated by lack of care, in which case the full cost is payable by the person. If, however, it appears to the Committee that payment by the person would involve undue hardship they may resolve that the whole or part of the cost shall be met by the Executive Council.



Where approval for the replacement or repair of glasses for school children has been given under arrangements made by a Local Education Authority the amount paid by the Executive Council for the work may be recovered from that Authority if the Ophthalmic Services Committee are satisfied that there was lack of care on the part of the pupil.

Statistical and financial data regarding the replacement and repair of glasses for the year under review are contained in the statement given at the end of this section of the report.



# SUPPLEMENTARY OPHTHALMIC SERVICES

Statement of Supplementary Ophthalmic Services provided  
and payments made during the year ended 31st March, 1966.

1. <u>Sight Tests</u>	<u>Number</u>	<u>Payment to nearest £</u>
Sight tests paid for by Executive Council:-		
<u>Ophthalmic Medical Practitioners</u>		
Fees @ 12s. 6d. ....	4,812	3,007
Fees @ £1. 5. 4d. ....	87,809	111,225
Sight tests given by School Medical Officers (Fees not paid by Executive Council)	181	-
	92,802	£114,232
<u>Ophthalmic Opticians</u>		
Fees @ 19s. 0d. ....	31,723	30,137
Fees @ 17s. 0d. ....	159,213	135,331
	190,936	£165,468
Additional payments to Ophthalmic Opticians arising from retrospective increase in fees	-	4,511
<u>TOTALS</u>	283,738	£284,211
2. <u>Supply of Glasses</u>		
Cases in respect of which a payment was made by Executive Council ....	210,115	289,995
Additional payments to opticians arising from retrospective increase in dispensing fees ....	-	5,889
<u>TOTALS</u>	210,115	£295,884
<u>Charges paid to opticians by patients under N.H.S. Acts, 1951 and 1961</u>		
(a) Lenses ... .. £310,058		
(b) Frames ... .. 36,775		
<u>£346,833</u>		
3. <u>Replacements and Repairs</u>		
<u>Applications approved :-</u>		
(a) No personal carelessness .....	1,404	3,867
(b) No personal carelessness (Local Education Authority arrangements)	2,292	
(c) No personal carelessness and hardship grounds .....	23	
(d) Hardship grounds only .....	14	
	3,733	£3,867
<u>Applications not approved :-</u>		
(a) Personal carelessness .....	383	-
(b) Payment claimed from Local Education Authorities .....	425	357
<u>TOTALS</u>	4,541	£3,510
TOTAL PAYMENT FOR SUPPLEMENTARY OPHTHALMIC SERVICES	-	£583,605



NATIONAL HEALTH SERVICE (SERVICE COMMITTEES  
AND TRIBUNAL) REGULATIONS

1. Service Committee Investigations

During the year under review the Service Committees of the Council investigated the following cases:-

(a) Dental Service Committee	.....	.....	9
(b) Medical Service Committee	.....	.....	3
(c) Ophthalmic Investigation Committee	.....	.....	-
(d) Pharmaceutical Service Committee			
(i) Drug Testing Scheme	.....	.....	7
(ii) Others	.....	.....	-
			19
			19

A summary of the recommendations of the Council is given below:-

<u>Committee</u>	<u>Action Recommended</u>	<u>Number of Cases</u>
Dental Service Committee	No action	2
	Withholding of money	4
	Withholding of money and warning	1
	Withholding of money and Tribunal action	1
	Application to Ministry of Health for extra statutory payment	1
Medical Service Committee	No action	2
	Withholding of money	1
Ophthalmic Investigation Committee	-----	-
Pharmaceutical Service Committee	No action	1
	Warning	1
	Withholding of money	4
	Withholding of money and warning	1
<u>TOTAL</u>		19

2. Appeals against decisions of the Dental Estimates Board

During the year the Council has on 24 occasions provided secretarial assistance in connection with the hearing by the Minister of Health of appeals against the decision of the Dental Estimates Board under Regulation 18 of the Service Committees and Tribunal Regulations. The hearings took place at Hospitals in various parts of the area and were held in the evening.



### 3. Amendment Regulations

The National Health Service (Service Committees and Tribunal) Amendment Regulations, 1965, which came into operation on 2nd August, 1965, introduced amendments relating to

(a) the constitution and jurisdiction of Ophthalmic Investigation Committees to provide for a joint investigation of a complaint or reference involving members of more than one branch of the professions providing supplementary ophthalmic services;

(b) the procedure for requiring a dentist to submit estimates for prior approval following a Dental Service Committee case;

(c) the right of a practitioner, chemist or optician to make representations to the Minister of Health against a proposal to withhold remuneration;

(d) the constitution of Medical and Dental Advisory Committees;

(e) the procedure for the investigation of excessive dental treatment ;

(f) the procedure for the investigation of excessive prescribing by general medical practitioners, and

(g) the admission of members of the Council on Tribunals to meetings of the National Health Service Tribunal, Service Committees, Executive Councils when reports of service committees are being considered, and associated hearings of appeals and representations.



PART VIII

SUPERANNUATION

The National Health Service Superannuation Scheme

The Scheme is compulsory and applies to:-

- (a) Whole time employees of the Executive Council over 18 years of age;
- (b) General medical and dental practitioners on the list of the Executive Council; and
- (c) Assistant medical and dental practitioners, except those assistant medical practitioners for whose employment the consent of the Executive Council is not required, provided that not less than 50% of the salary of the assistant is attributable to the care and treatment of Health Service patients.

The duties of Executive Councils in this connection have steadily grown both in volume and complexity, particularly since the introduction of the National Insurance Graduated Pension Scheme, and the assistance of the Finance Officer has been sought by practitioners and their representatives on the many problems arising under the Scheme. The expressions of thanks received have been greatly appreciated.

The responsibilities of the Council (as an "employing authority") are broadly (a) to deduct employees' contributions and account for both employers' and employees' contributions; (b) to maintain personal superannuation records; (c) to inform the Superannuation Division of changes in personal circumstances; (d) to return contributions in certain cases, and (e) to transmit to the Division claims for benefits. Medical and dental practitioners normally cease to pay superannuation contributions and to reckon service at the age of 65, but they may apply for an extension to any age up to 70. Applications for extension are submitted through the Executive Council, who obtain the views of the Local Medical Committee or the Local Dental Committee, as the case may be, so that due regard can be had to the needs of the Service and the desirability in any area of encouraging practitioners to continue in practice. The fact that a practitioner has reached "pensionable" age does not, however, preclude him from continuing in practice.

It was recognised when the National Health Service Superannuation Regulations were made that many practitioners would already be committed to paying premiums on insurance policies taken out to provide for their retirement or for their dependants in case of death, and practitioners who were on the list of an Executive Council at the inception of the Service were given an option to remain outside the National Health Service Superannuation Scheme if they held sufficient insurance cover, and to receive from the Executive Council a sum equal to 8% of their "superannuable" remuneration as a contribution towards the premiums.



PART IX

G E N E R A L

1. Appointments to other bodies

Dr. R.V. Goodliffe and Mr. C.S. Petheram serve as the Council's representatives on the County Joint Liaison Committee comprising representatives of the Regional Hospital Board, the Hospital Management Committees, the Surrey County Health Committee and the Executive Council.

Drs. T.T. Hardy and J.H. Lankester serve as the Council's representatives on the Professional Advisory Committee on the Maternity Services in Surrey, with Drs. Ursula M. Dick and E.D. Ward as reserves.

Drs. J.D. Finnegan and D.F. Kanaar serve as the Council's representatives on the Maternity Liaison Committee of the Croydon and Warlingham Park Hospital Management Committee.

Mrs. A. Woodgate serves as the Council's representative on the Geriatric Sub-Committees of the Redhill and Netherne and the St. Helier Group Hospital Management Committees, the Surrey Association for the Elderly and the Health and Welfare Committee of the Royal Borough of Kingston-upon-Thames.

Mr. W.J. Rose is the Council's representative on the Management Side Panel from which Management Side members of the Whitley Council Administrative and Clerical Staffs Regional Appeals Committees are drawn.

Mrs. B.E. Redding is the Council's representative on the Surrey Council of Social Service.

Mr. C.S. Petheram and Mr. F.C. Wilson have been appointed to the Panel from which members of the Mental Health Review Tribunals would be drawn.

Mrs. K.C.S. Garrett serves as the Council's representative on the Maternity Services Liaison Committee of the North-West Metropolitan Regional Hospital Board.

Mr. C.S. Petheram serves as the Council's representative on the London Liaison Committee.

2. Executive Council's Association (England)

The following are the elected representatives of the Executive Councils for the Southern Division of the Management Committee for the year 1965/66:-

Mr. R.L. Darche	-	Devon and Exeter
Dr. P.W.F. McIlvenna	-	Reading
Dr. H. Rosenberg	-	West Sussex
Dr. K.J.T. Wilson	-	Dorset
Mr. W.R. Gunlack	-	Cornwall

The President of the Association is Dr. W. Marshall (Huntingdon and Peterborough) and the Vice-President is Alderman Mrs. M. Cutler, O.B.E., J.P. (Southampton).

The Chairman of the Council (Mr. E.W. Gearey), Dr. R.V. Goodliffe, Mr. W.J. Rose and the Clerk of the Council were appointed to attend the Eighteenth Annual Meeting of the Association at Scarborough on the 14th and 15th October, 1965.



The objects of the Association are :-

(a) To confer on matters relating to the National Health Service Act, 1946, and any amending Act, in order that Executive Councils may have the benefit of the practice and procedure of one another in matters of difficulty and doubt, as well as in the general administration of the National Health Service and the various Regulations, etc., issued by the Minister of Health, and to take such steps as may from time to time appear advisable to obtain amendments which experience may show to be desirable.

(b) To watch over and protect the general interest of Executive Councils as they may be affected:-

(i) By legislation of general application to Executive Councils and their areas;

(ii) By the administration of the various Departments of the Government which may exercise jurisdiction over the work of the National Health Service;

and

(c) To take action generally in relation to any subjects in which Executive Councils may be interested.

### 3. Joint Pricing Committee (England)

The Committee comprises twelve members elected by Executive Councils on a group basis and one member appointed by the London Executive Council. The election of members takes place annually, the election being conducted by the Executive Councils' Association in accordance with the National Health Service (Joint Pricing Committee for England) Order.

### 4. Royal Society of Health

The Minister of Health intimated that attendance of not more than two members of Executive Councils and the Clerk of the Council at the Congress of the Royal Society of Health could be regarded as "approved duty" under the National Health Service (Travelling Allowances, etc.) Regulations. Mr. T. Reid, Mrs. A. Woodgate and the Clerk of the Council were appointed to attend Congress at Eastbourne on 26th to 30th April, 1965.

### 5. Staff

#### (a) Establishment

A statement setting out the provisional staff establishment and gradings of the Council's administrative, clerical and ancillary staff and the staff in post at 31st March, 1966, is appended to this section of the report.

During the year 130 full-time and 35 part-time staff were recruited and 86 full-time and 14 part-time staff left the employment of the Council. The difficulties of recruiting and retaining staff increased considerably following the transfer of Governmental Departments into the Surbiton area, particularly as the rates of pay offered by the Departments exceeded those which the Council was permitted to offer.

#### (b) Training

During the year attention was again directed to the desirability of increasing day release for younger staff for further general education and for approved vocational study, and the Minister brought to the Council's notice a modification of the upper age limit for the granting of day release for further general education. Previously the authority to grant day release for this purpose to staff under 18 extended only to the end of the school term following their eighteenth birthday, but the Minister decided, in accordance with the recommendations of the Henniker-Heaton Committee on Day Release, to authorise some relaxation of this upper age limit so that Executive Councils, the Joint Pricing Committee and the Dental Estimates Board could continue

/day release.....







FINANCIAL STATEMENTS

The National Health Service Financial Regulations 1948 lay down financial procedures to be followed by Executive Councils in the exercise of their functions under Part IV of the National Health Service Act, 1946. The regulations further provide for the form of accounts to be kept by the Council, for the accounts to be furnished by them to the Minister and for the audit of these accounts.

The accounts for the year ended 31st March, 1966, were submitted for approval and adoption by the Council at their meeting on the 11th May, 1966. A copy of the accounts and financial statements relating thereto are set out, together with a copy of the Estimate of Administration Payments for the year ending 31st March, 1967.

The total net cost of the services administered by the Executive Council for the year ended 31st March, 1966, amounted to £12,368,012, which represents a charge of £6. 5. 2d. per head of the estimated population of the area(1,975,670).

	<u>Total net cost 1965/66</u>	<u>Percentage of Total net cost</u>	<u>Net cost per head of population</u>		
	£		£	s.	d.
<u>Administration</u>					
Salaries and Superannuation	148,519	1.200		1.	6.
Other expenses	30,327	.246			4.
	178,846	1.446		1.	10.
<u>General Medical Services</u>	3,574,378	28.900	1.	16.	2.
<u>Pharmaceutical Services</u>	5,003,505	40.455	2.	10.	8.
<u>General Dental Services</u>	3,018,725	24.408	1.	10.	6.
<u>Supplementary Ophthalmic Services</u>	583,605	4.718		5.	10.
<u>Other Payments</u>	8,953	.073			2.
	12,368,012	100.000	6.	5.	2.



**The Executive Council for South-West London and Surrey:**

Statement of Account for the year ended 31st March, 1966 (Receipts and Payments)

	£	s.	d.	£	s.	d.
1. Advances from Minister of Health .....						
2. Superannuation contributions retained : (a) Deducted from salaries, wages, remuneration of practitioners, etc. ....	213,720.	13.	3.			
(b) Council's share (i) Basic contributions - Regulation 7(1) (ii) Supplementary contributions of 1½% - Regulation 7(2) .....	300,831. 56,808.	9. 19.	3. 1.			
3. Superannuation - employees' contributions received in cash .....				11,784,000.	0.	0.
4. Other receipts :- (a) From patients for dental treatment at Health Centres .....	-	-	-			
(b) From Medical Practitioners for use of Health Centres .....	-	-	-			
(c) Repayment of Group Practice Loans .....	11,306.	5.	0.			
(d) Cash payments by doctors in respect of prescription charges collected .....	100.	4.	0.			
(e) Items supplied by Ministry of Public Building and Works .....	17.	14.	10.			
(f) Miscellaneous Rent £53.17.6. Surrender of lease - £3,218.10.0. Writing Notices £138.14.4. Dissolution Sy.E.C. £2.1.1. Collection Fees £15.15.0. Search Fees £7.17.6.	3,436.	15.	5.			
5. Balance as at 31st March, 1965 (brought forward from last account) .....						
TOTAL	12,370,308.	4.	1.			
14. Balance as at 31st March, 1966 (including £3.6.6. in hands of officers) .....	9,550.	1.	8.			
TOTAL	12,379,858.	5.	9.			
TOTAL	12,368,012.	2.				

Statement of Account for the year ended 31st March, 1966ANALYSIS OF PAYMENTS

<u>ADMINISTRATION</u>					£	s.	d.	£	s.	d.
<u>Staff salaries, etc. :-</u>										
(a) Salaries and wages										
(i)	Administrative and Clerical Staff	.....	.....	.....	128,360.	12.	7.			
(ii)	Other Staff	.....	.....	.....	1,935.	14.	4.			
(b)	Overtime	.....	.....	.....	1,911.	7.	9.			
(c) National Insurance contributions (Council's share) :-										
(i)	Graduated Pensions Scheme	.....	.....	.....	306.	3.	0.			
(ii)	Other	.....	.....	.....	5,761.	18.	6.			
(d)	Superannuation contributions (Council's share-administration staff)	.....	.....	.....	10,243.	0.	7.	148,518.	16.	9.
<u>Travelling and subsistence expenses</u>										
(a) Staff :-										
(i)	In connection with testing of drugs and appliances				88.	12.	4.			
(ii)	Other duties	.....	.....	.....	526.	5.	2.			
(b) Members of Council and Ophthalmic Services Committee										
(i)	Travelling and subsistence	.....	.....	.....	651.	9.	9.			
(ii)	Loss of earnings	.....	.....	.....	108.	7.	0.			
(c)	All other persons (e.g. witnesses)	.....	.....	.....	47.	17.	3.	1,422.	11.	6.
<u>Other administration expenses :-</u>										
(a) Construction, purchase, adaptation of premises, etc. (including improvements and adaptations to premises in current use; acquisition of land; and all relevant professional charges)					700.	0.	0.			
					-	-	-	700.	0.	0.
(b) Maintenance, repairs, equipment, etc.										
(i)	Maintenance, repairs, decoration of premises				156.	4.	1.			
(ii)	Furniture and equipment	.....	.....	.....	2,024.	11.	9.	2,180.	15.	10.
(c)	Rent	.....	.....	.....	3,440.	4.	10.			
(d)	Rates	.....	.....	.....	1,941.	3.	7.			
(e)	Heat, light, cleaning contracts and materials, etc.	.....	.....	.....	2,518.	17.	3.			
(f)	Stationery and printing	.....	.....	.....	4,111.	15.	4.			
(g)	Advertising	.....	.....	.....	214.	2.	2.			
(h)	Postage	.....	.....	.....	11,437.	19.	5.			
(i)	Telephones	.....	.....	.....	686.	2.	10.			
(j)	Testing of drugs and appliances (excluding payments shown at 2(a)(i) above)	.....	.....	.....	1,028.	0.	5.			
(k)	Subscriptions to Association of Executive Councils				20.	0.	0.			
(l) Other payments (to be specified)										
L -	Legal Fees	.....	.....	.....	92.	0.	6.			
Q -	Conference Fees	.....	.....	.....	25.	4.	0.			
R -	Transport & Removal Charges	.....	.....	.....	263.	1.	9.			
S -	Medical Examination of Staff	.....	.....	.....	69.	16.	6.			
T -	Training Expenditure	.....	.....	.....	38.	10.	5.			
V -	Meal Vouchers	.....	.....	.....	135.	5.	0.			
X -	Miscellaneous	.....	.....	.....	1.	7.	10.	26,023.	11.	10.
					TOTAL			178,845.	15.	11.



B. GENERAL MEDICAL SERVICES

	£			s.
1. Capitation payments .....	2,186,152.			10.
2. (a) Loadings (other than those at 2(b)) .....	699,786.			7.
(b) Additional loadings .....	28,928.			12.
3. Payments in respect of temporary residents .....	51,916.			1.
4. Payments for emergency treatment .....	33.			6.
5. Payments for administration of anaesthetics .....	39.			4.
6. Initial practice allowances .....	-			-
7. Supplementary annual payments .....	2,561.			8.
8. Rural practice payments .....	8,279.			8.
9. Inducement payments .....	-			-
10. Post-Graduate Education Fund payments .....	6,180.			-
11. Payments for maternity medical services .....	228,411.			2.
12. Payments for supervision, salary, allowances, etc., of trainee practitioners .....	13,871.			7.
13. Central Pool balances (a) 1962-63 .....	37,602.			8.
(b) 1963-64 (Advance) .....	61,839.			8.
(c) Other years (years to be stated) .....	-			-
14. Superannuation contributions (Council's share) .....	200,591.			1.
15. Group practice loans issued (for repayments see Para. 8(e) of Report .....	44,176.			0.
16. Improvement grants .....	233.			0.
17. Disposable sterile syringes .....	3,776.			10.
18. Payments to local health authorities for use of Health Centres (Medical) .....	-			-
19. Advances to Local Medical Committee :- £		s.	d.	
(a) advances made in 1965-66	3,765	0	0	
LESS (b) amounts recovered in 1965-66	3,765	0	0	
20. Other payments (to be specified) .....	-			-
<u>T O T A L</u>				3,574,377. 16.

# C. PHARMACEUTICAL SERVICES

## 1. Payments due to pharmacists (excluding 2) :-

(a) For the supply and dispensing of drugs and appliances (excluding(b)) .....

(b) As compensation for loss of, or damage to, oxygen equipment .....

(c) Special interim payments

(E.C.L.57/54) ...

LESS

Repayments ...

£	s.	d.
1,196	-	-
2,127	-	-

Total

LESS(d) Deductions in respect of payments by patients under the N.H.S. Act, 1949 .....

Net Total

## 2. Payments for rota services .....

3. (a) Payments due to medical practitioners for the supply and dispensing of drugs and appliances

LESS(b) Charges under the N.H.S. Act, 1949 in respect of elastic hosiery ...

Total

LESS(c) Deductions under Reg.17(8) of the N.H.S.(Service Committees and Tribunal) Regs. 1956 ...

4. Superannuation contributions (Council's share) relating to item 3 .....

## 5. Advances to Local Pharmaceutical Committee:-

(a) Advances made in 1965-66

LESS(b) Amounts recovered in 1965-66

## 6. Other payments (to be specified) .....

T O T A L

£

s.

d.

4,919,948.

7.

0.

23.

9.

3.

£

s.

d.

1,196

-

-

2,127

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931.

0.

0.

4,919,040.

16.

3.

1,875.

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3.

4,917,165.

11.

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22,969.

15.

0.

£

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60,633.

16.

1.

2,829.

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93.

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5,003,504.

12.

3.



£	s.
3,467,217.	16.
592,469.	15.
2,874,748.	0.
-	-
143,977.	4.
-	-
-	-
3,018,725.	5.

3,467,217.	16.
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590,421	0	6
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2,048	15	1
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2,874,748.	0.
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143,977.	4.
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421	10	0
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421	10	0
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T O T A L

3,018,725.	5.
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£	s.	
114,232.	4.	
169,978.	10.	1
272,821.	19.	
369,895.	7.	1
3,510.	0.	
930,438.	3.	
346,833.	2.	
583,605.	1.	
-	-	
583,605.	1.	

114,232.	4.
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169,978.	10.	1
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272,821.	19.
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369.895.	7.	1
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3.510.	0.
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930.438.	3.
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s. d.

310.057	18	0
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36.775	4	1
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583.605.	1.
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Ch. S. d.

46	-	-
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46	-	C-10
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T O T A L

583.605.	1.
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OTHER PAYMENTS

## (a) Superannuation contributions refunded :-

(i) Administration staff	.....	.....	546.	13.	11.
(ii) Medical Practitioners	.....	.....	50.	5.	4.
(iii) Dental Practitioners	.....	.....	505.	14.	2.

## (b) Payments under Reg. 75 of the Supn. Regs. :-

(i) General Medical Services	.....	.....	7,831.	6.	1.
(ii) Pharmaceutical Services	.....	.....	19.	10.	11.
(iii) General Dental Services	.....	.....	-	-	-

## (c) Other (to be specified)

.....

T O T A L

8,953.

10.

5.



Estimate for the Year ending 31st March, 1967

For the year ending 31st March, 1967, the Council were asked to submit estimates of expenditure on administration only and the following statement shows the estimate of the Council's administration expenses adopted by the Council at their meeting held on the 15th September, 1965.

The Minister, in a communication to Executive Councils dated the 31st July, 1963, stated that it had been decided to relieve Councils of the duty of preparing annual and supplementary estimates for General Medical Services; Pharmaceutical Services; General Dental Services and the Supplementary Ophthalmic Services since so many of the factors that govern expenditure on those services are outside the control of the Executive Council.

ANALYSIS OF ESTIMATED ADMINISTRATION PAYMENTS

<u>Payments 1964/5</u> <u>Croydon and</u> <u>Surrey E.C's.</u>	<u>Heads of Expenditure</u>	<u>Estimate</u> <u>1965/66</u>	<u>Est</u> <u>19</u>
£		£	
	1. <u>Staff salaries, etc.</u>		
100,378	(a) Gross salaries and wages of all employed staff	118,000	120
2,590	(i) Administrative and Clerical staff	2,200	2
156	(ii) Other staff ... ..	650	
	(b) Overtime ... ..		
102	(c) National Insurance contributions (Council's share)		
3,688	(i) Graduated Pensions Scheme ... ..	300	
8,588	(ii) Other ... ..	5,500	5
	(d) Superannuation contributions (Council's share)	10,000	10
115,502	<u>Total</u>	136,650	138
	2. <u>Travelling and subsistence, etc., expenses :-</u>		
98	(a) Staff:-		
150	(i) Testing of drugs and appliances ... ..	150	
	(ii) Other duties ... ..	600	
583	(b) Members of Council and Ophthalmic Services Committee :-		
88	(i) Travelling and subsistence ... ..	650	
5	(ii) Loss of earnings ... ..	120	
	(c) All other persons (e.g. witnesses, candidates, etc.)	10	
924	<u>Total</u>	1,530	1
	3. <u>Construction, purchase, adaptation of premises, etc.</u> Including :-		
-	Improvements and adaptations to premises in current use; acquisition of land; and all relevant professional charges	3,000	60
	4. <u>Maintenance, repairs, equipment, etc.</u>		
157	(a) Maintenance, repair, decoration of premises ... ..	150	1
917	(b) Furniture and equipment including items supplied by the Ministry of Public Building and Works without cash settlement ... ..	2,000	6
1,074	<u>Total</u>	2,150	7
	5. <u>Other expenses</u>		
610	(a) Rent ... ..	3,750	3
1,958	(b) Rates ... ..	2,750	2
2,099	(c) Heat, light, cleaning contracts and materials, etc.	2,650	3
3,220	(d) Stationery and printing ... ..	5,000	5
198	(e) Advertising ... ..	200	
10,372	(f) Postage ... ..	10,500	11
590	(g) Telephones ... ..	500	
1,133	(h) Testing of drugs, etc. (excluding item 2a(i))	1,400	1
40	(i) Subscription to Association of Executive Councils	20	
360	(j) Miscellaneous ... ..	600	
20,580	<u>Total</u>	27,370	28
138,080	<u>GRAND TOTAL</u>	170,700	234

ADMINISTRATION RECEIPTS

1964/65 Receipts Croydon and Surrey E.C's.	Description	1965/66 Estimate	1966/67 Estimate
£		£	£
	1. Superannuation contributions retained :-		
5,264	(a) Employees' share	6,120	6,210
8,588	(b) Council's share (as at Part 2 item 1(d))	10,000	10,150
13,852	<u>Total 1</u>	16,120	16,360
24	2. Superannuation - Employees' contributions received in cash	-	-
118	3. Items supplied by Ministry of Public Building and Works without cash settlement	100	100
66	4. Rent, etc.	3,300	50
194	5. Other receipts including sales of equipment, luncheon vouchers, etc.	200	200
402	<u>Total 2 - 5</u>	3,600	350
14,254	<u>Total Receipts</u>	19,720	16,710









